

State of Mississippi

OFFICE OF THE STATE AUDITOR STATE OF MISSISSIPPI Phil Bryant, Auditor

Jesse M. Bingham, Director, Investigative Division

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ALL INFORMATION CONCERNING THE IDENTITY OF A PERSON OR GROUP OF PERSONS MAKING A COMPLAINT IS STRICTLY CONFIDENTIAL AND WILL NOT BE RELEASED BY THIS OFFICE UNLESS PURSUANT TO AN ORDER BY COMPETENT JUDICIAL AUTHORITY. HOWEVER, SUCH INFORMATION MAY BE SHARED WITH OTHER GOVERNMENTAL AGENCIES THAT BECOME INVOLVED DURING THE COURSE OF ANY RELATED INVESTIGATION.

I.	PERSON MAKING COMPLAINT
	Name
	Address (Street, P. O. Box, Route)
	(Street, P. O. Box, Route)
	(City, State, Zip Code)
	Home Phone () Office Phone ()
II.	PERSON(S) AGAINST WHOM COMPLAINT IS MADE
	Name
	Address (Street, P. O. Box, Route)
	(Street, P. O. Box, Route)
	(City, State, Zip Code)
	Home Phone () Office Phone ()
	Title or Position
III.	Did you observe the violations? Yes G No G
	If so, are you willing to sign Yes G No G a sworn statement about the violations?
	If not, please furnish in the space provided below the names, addresses, and telephone numbers of individuals who have observed the violations and are willing to sign a sworn statement.

(Continued on Next Page)

(M.C.A. 25-9-171 *ET SEQ*) FROM RETALIATION RESULTING DIRECTLY FROM TRUTHFULLY TESTIFYING OR PROVIDING INFORMATION OF IMPROPER GOVERNMENTAL ACTION.

IV.	V. ALLEGATIONS AND STATEMENTS OF FACTS	
	In your own words, please describe the violations of law which you have observed. The description include the alleged violation and any details relating to it, such as names, dates, places, and amount money, if known.	should t of
V.	. I do certify that the statements mentioned in the above complaint are true and correct to the best of knowledge and are made of my own free will.	my
	Complainant's Signature Date	